The UpShot Online

A publication of the Texas Department of State Health Sevices Immunization Branch

First Quarter 2006

Using Partnerships to Increase Vaccine Coverage Levels

By Jack Sims, Immunization Branch Manager

Raising vaccine coverage levels in Texas requires a sustained effort in a multi-pronged approach. Finding out if a strategy is effective is very difficult because there are so many initiatives underway at any given point in time. Additionally, the data from the National Immunization Survey is retrospective; it measures the effectiveness of strategies up to two years in the past and is not effective at measuring effectiveness of current strategies.

The current strategies identified by the Immunization Branch that are consistent with higher vaccine coverage levels include:

- Use of registries (the statewide immunization registry, ImmTrac).
- Use of reminder and recall systems by health-care providers.
- Provider education.
- Public education.
- Promoting the concept of the medical home.
- Implementing partnerships to improve the above strategies.

The Immunization Branch is requesting a shift in how partners are used. That shift is to work with partners that will: educate parents and health-care providers on the importance of the statewide registry, ImmTrac; educate health-care providers to implement reminder and recall systems; educate providers and the general public on the importance of age-appropriate immunizations; and encourage parents to utilize a medical home for their children.

Table of Contents:

Best Practices

Routine Childhood Immunizations Save Billions Each Year

Reprinted from the Centers for Disease Control and Prevention

A recent study by CDC's National Immunization Program (NIP) evaluated the impact of seven vaccines (DTaP, Td, Hib, polio, MMR, hepatitis B, and varicella) routinely given as part of the childhood immunization schedule and found that vaccines are tremendously cost effective. This is the first time the seven vaccines have been examined together and with a common methodology.

The study found that the use of these seven vaccines will prevent over 14 million cases of disease and over 33,500 deaths over the lifetime of children born this year. When comparing the cost of the diseases they prevent and the cost of administering them, these vaccines save nearly $10 billion per year. These vaccines also prevent the need for patients to spend time seeking care and the need for parents to take time off work to care for sick children. When including these and other prevented costs to society, the annual savings exceed $40 billion.

A child is protected from vaccine-preventable diseases after receiving a series of vaccines over time, not just one shot. Therefore, this economic evaluation is groundbreaking in that previous studies demonstrating the cost savings of childhood vaccination in the United States have only focused on single vaccines. Expanding beyond the single- vaccine cost benefit perspective provides policymakers better information about the economic impact of the immunization program by examining a routine seven-vaccine U.S. childhood immunization schedule.

This analysis will be helpful in understanding the economic effects of the immunization program under current circumstances. Administrators and policy makers may use the results to justify sustained support for programs, make needed modifications and guide future programs.

The publication — entitled "Economic Evaluation of the 7-Vaccine Routine Childhood Immunization Schedule in the United States, 2001" — appears in the December 2005 edition of the Archives of Pediatrics and Adolescent Medicine. A summary can be found on the Archive website at http://archpedi.ama-assn.org/cgi/content/short/159/12/1136.

ImmTrac Updates

ImmTrac Recognizes Exemplary and Outstanding Hospital and Birthing Center Performance

By Adriana Rhames, ImmTrac

Forty-three Texas hospitals and birthing centers have recently been awarded the first annual ImmTrac Award for Excellence. Recipients of the 2005 award were announced at the 51st Annual Vital Statistics Conference held in Austin on December 5, 2005.

The award is being presented to hospitals and birthing centers that have achieved outstanding performance in implementation of the ImmTrac newborn consent process by using the Texas Department of State Health Services' (DSHS) Vital Statistics Unit's Texas Electronic Registrar (TER) birth registration system.

Current Texas law requires written parental consent for a child's participation in ImmTrac, the Texas immunization registry. State law also requires that all parents of newborn children be offered the opportunity to "grant" or "deny" consent for ImmTrac participation during the birth registration process. The ImmTrac Award for Excellence recognizes the performance of hospitals that have properly submitted ImmTrac parental consent forms through the TER process for a high rate (90% or greater) of births in their facility during 2005.

The ImmTrac Award for Excellence recognizing ***Exemplary Performance*** (97% or greater compliance rate) was presented to ten recipients at the Texas Vital Statistics Conference Awards Luncheon. Eleven recipients of the ImmTrac Award for Excellence acknowledging ***Recognized Performance*** (95%) were also announced at the luncheon and certificates were made available at that time. Eleven additional ImmTrac Award recipients are being recognized for ***Commendable Performance*** (90%) and being notified by mail.

Hospital and birth registrar partners of DSHS play an important role in the ImmTrac registry's client enrollment through implementation of the TER ImmTrac newborn consent process. The ImmTrac Group and Immunization Branch of DSHS are pleased to present these awards and express sincere appreciation to these facilities for their contribution to the health of Texas children and outstanding performance in this partnership.

See next page for a listing of the 2005 ImmTrac Award for Excellence recipients.

In the picture:

Front row, kneeling (left to right): Sandy Roane and Tammy Bobbitt, Tomball Regional Hospital

Second row: Adriana Rhames, DSHS; Alice Fernandez, Methodist Hospital; Ninell Splawn, United Regional Health Care System; Jennifer Luna, St. Joseph's Regional Health Center; Aimee Evans, Memorial Hermann the Woodlands, Linda Gutierrez, Brownsville Surgical Hospital; Priscilla Guevara-Palacios, Del Sol Medical Center

Third row: Claude Longoria, DSHS; Sherri Rhoads, King's Daughters Hospital; Diane Martinez, Nix Health Care System; Deborah Junek, St. Joseph's Regional Health Center; Jack Sims, DSHS; Yvonne Lozano, Del Sol Medical Center; Casey Blass, DSHS

ImmTrac Updates

continued

ImmTrac Award for Excellence

TEXAS Department of State Health Services

2005 Award Recipients

ImmTrac Texas Immunization Registry

For contributing to the health of Texas children through outstanding implementation of the newborn consent process for participation in ImmTrac, the Texas Immunization Registry.

Exemplary Performance (97%)

NIX HEALTH CARE SYSTEM, San Antonio
TOMBALL REGIONAL HOSPITAL, Tomball
UNITED REGIONAL HEALTH CARE SYSTEM, Wichita Falls
DEL SOL MEDICAL CENTER, El Paso
PERMIAN REGIONAL MEDICAL CENTER, Andrews
BROWNSVILLE SURGICAL HOSPITAL, LLC, Brownsville
MEMORIAL HERMANN THE WOODLANDS HOSPITAL, Shenandoah
METHODIST HOSPITAL, San Antonio
ST JOSEPH REGIONAL HEALTH CENTER, Bryan
KING'S DAUGHTERS HOSPITAL, Temple

Recognized Performance (95%)

METROPOLITAN METHODIST HOSPITAL, San Antonio
YOAKUM COMMUNITY HOSPITAL, Yoakum
ABILENE REGIONAL MEDICAL CENTER, Abilene
RICE MEDICAL CENTER, Eagle Lake
MOORE COUNTY HOSPITAL DISTRICT, Dumas
KNAPP MEDICAL CENTER, Weslaco
GUADALUPE VALLEY HOSPITAL, Seguin
BAYLOR MEDICAL CENTER, Grapevine
PECOS COUNTY MEMORIAL HOSPITAL, Fort Stockton
EASTLAND MEMORIAL HOSPITAL, Eastland
WADLEY REGIONAL MEDICAL CENTER, Texarkana

Commendable Performance (90%)

COLUMBUS COMMUNITY HOSPITAL, Columbus KINGWOOD MEDICAL CENTER, Houston
MEDICAL CENTER OF ARLINGTON, Arlington LAS COLINAS MEDICAL CENTER, Irving
TRINITY COMMUNITY MEDICAL CENTER, Brenham MULESHOE AREA MEDICAL CENTER, Muleshoe
PRESBYTERIAN HOSPITAL, Plano SAN JACINTO METHODIST HOSPITAL, Baytown
BAYLOR MEDICAL CENTER, Garland MISSION HOSPITAL, Mission
DETAR HOSPITAL NORTH, Victoria BAYLOR UNIVERSITY MEDICAL CENTER, Dallas
ST DAVID'S HOSPITAL, Austin DARNALL ARMY COMMUNITY HOSPITAL, Fort Hood
DAUGHTERS OF CHARITY-SETON NORTHWEST, Austin REEVES COUNTY HOSPITAL, Pecos
DAUGHTERS OF CHARITY-BRACKENRIDGE, Austin MEMORIAL HOSPITAL, Gonzales
HARRIS METHODIST HEB, Bedford MEMORIAL HERMANN NORTHWEST HOSPITAL, Houston
HARRIS METHODIST ERATH COUNTY, Stephenville NAVARRO REGIONAL HOSPITAL, Corsicana

New Employee Corner

Region 4/5 N

Tammie Little, Human Services Technician

Tammie Little has happily joined the Immunization Program in Health Service Region (HSR) 4/5N as a Health Services Technician IV. She comes to DSHS after 7 years of employment with Texas Youth Commission in Corsicana, following 9 years of living and working in a residential child care facility in Fairfield. Tammie is very excited to be back "home" in East Texas, close to the majority of her family members. She married her husband, Phillip, almost 28 years ago and they have a wonderful daughter, son-in-law, and 7-year-old granddaughter.

Tammie is responsible for auditing reports and orders submitted by the six local health department counties. She also maintains the HSR's vaccine inventory and alarm systems. Tammie will play a pivotal role in the HSR's upcoming conversion to Pharmacy Inventory Control System. Tammie is looking forward to building strong working relationships with the Immunization Program team members.

Anita Gamble, Immunization Nurse Consultant

Anita Gamble, a DSHS employee since June of 1990, joined the Immunization Program on October 1, 2005. She worked previously in the field offices in Carthage and Gilmer, and had been at the Henderson field office since 1992, so she came aboard knowing the Immunization Program from the trenches of the front line. Besides sharing her wealth of knowledge on immunization issues with internal and external clients, Anita will also be responsible for site visits and completion of reports on the site visits for local health departments and field office clinics.

Anita has two sons, one daughter, and three grandsons.

Alanda Williams, Human Services Technician

Alanda Williams is the newest Human Services Technician IV. She formerly worked in the Nacogdoches field office as a Clerk III for both the Immunization and the Tuberculosis Elimination Programs for a year before moving to Tyler. She has a beautiful 20-month-old daughter named Amaiya, who Alanda says takes up every minute of her spare time outside of work. Alanda came on board on November 1, and says she is enjoying learning her new position and getting to know all her new co-workers.

New Employee Corner

continued

Karen Gray, Program Specialist

By: Adriana Rhames, ImmTrac Group

Karen Gray joined the ImmTrac Group December 1, 2005. She has expressed much excitement about becoming a member of the ImmTrac Group. Her primary responsibilities include coordinating and conducting activities for general promotion of the ImmTrac registry, healthcare provider educational recruitment, and other programmatic work. More specifically, Miss Gray will be working with public and private healthcare providers, school nurses, regional office staff, childcare facility staff, payors, the general public, and other internal and external agency staff.

Karen has worked with the Texas Department of State Health Services (DSHS) for over 17 years. Her service with DSHS began with a phone call she received in 1988 while working for the City of Austin. It was an offer to interview for an entry-level position for which she had applied several months earlier. That position was with the Chronically Ill and Disabled Children's Program at the agency known then as the Texas Department of Health. Since that position, Miss Gray has worked in various areas within the agency, including the Vendor Drug Program, the Birth Defects Monitoring Division in Arlington, the Bureau of HIV/STD's HIV Medication Program, and finally, ImmTrac.

Karen appreciates the welcome she has received from everyone in the Immunization Branch, especially the ImmTrac Team. On her 3rd day in her new position, Karen was given the opportunity to perform some of her new job duties, along with other ImmTrac Team members at the Vital Statistics Unit's Annual Conference, held in Austin.

On a more personal note, Karen loves to travel. Over the years she has been able to see so much of the United States, and parts of Mexico, Jamaica, Bahamas, and even a little of Canada. She states her dream is to travel to Europe, hopefully in the near future. Karen does not have any children; however, she does have a nephew whom she loves to spoil.

Maria Herrera, Program Specialist

Maria tells us: "I began working with ImmTrac on November 1st as a Program Specialist. My job responsibilities consist of data entry, data quality and customer support activities, performing resolution of duplicate and questionable match records. I previously had an administrative job with the Facility Support Services Department at the Health and Human Services Commission. Before working with Health and Human Services Commission, I worked with the then Texas Department of Health for 4 1/2 years in various programs, one being Immunizations. About 3 years ago, I worked in Vaccine Management, placing and distributing vaccine orders to the local health departments. I am very excited being back with DSHS, but mostly about being back with the Immunization Branch."

Around Regions

Health Service Region 1 Employee Wins Public Service Award

By: Keila Johnson, RN, HSR 1

On August 24th, the Texans Caring for Texans, a state and public service award ceremony, was held at the West Texas A & M University campus in Canyon. Each state agency is encouraged to nominate an employee who excels in representing and serving their community as a state employee. Health Service Region 1 Immunization Program is proud to announce that Elaine Taylor was chosen to represent the Department of State Health Services. Elaine is the team leader and registered nurse in the Hereford office. Her nomination stated:

"Elaine Taylor is an unassuming person, whose diligence, subject matter knowledge, and genuine compassion rank her as one of the best. Elaine manages and staffs the Hereford field office, one of the regions most active. She is liaison for immunization programmatic issues for providers and school nurses in a 7-county area, and is a member of the Hereford Child Care Board.

Most recently Elaine organized assistance for a possible communicable exposure in Hereford. Her knowledge of the area allowed DSHS a rapid and orderly response. Her ongoing surveillance of public health helps head off problems before they get a major foothold. Friends and family also benefit from her skills as both a seamstress and a caring person. We are very proud of Elaine!"

In picture:Elaine's Texans Caring for Texans award was presented to her by The Honorable David Swinford, Texas State Representative, 87th District; The Honorable John T. Smithee, Texas State Representative, 86th District; and The Honorable Kel Seliger, Texas State Senator, 31st District, who are represented in this picture.

Newer Staff Brings New Ideas to the Immunization Program in Health Service Region 4/5

By: Kevan Bauer, Region 4/5

Have you ever had the feeling that you're not quite sure what's coming around the next corner? A feeling of anticipation? A sense of adventure? That could be one of many ways to describe the Immunization Program in Health Service Region (HSR) 4/5 North. The reason: over half of the Immunization Program staff was hired just this year, most in the past six months. Over half of the staff members are learning completely new jobs and the other half is learning new ways to do their old jobs.

In the lead is Toni Wright, who serves as Communicable Disease Manager over not just the Immunization Program, but over the Tuberculosis Elimination and the HIV/Sexually Transmitted Diseases (STD) programs as well. She was hired in May 2005. Having previously served as the HIV/STD program manager for the past five years, she admitted having to jump in head first to learn the Immunization Program. As manager, Toni hopes to develop a stronger public health staff, with opportunities for cross training among all staff members. As she learns the intricacies of the Immunization Program, she has provided an atmosphere of cooperation among staff. Many of the new players rely on those who have more years in the program. This results in development of a team atmosphere, with each staff member bringing something unique to the table.

Michelle Grant is not new to the Immunization Program, but is new to her position. She had previously worked as a Human Services Technician for a little over a year. With the departure of Janice Carter and Donna Goodnight, Michelle jumped to the head of the class and found herself neck deep in the back-to-school vaccine rule changes and hurricanes Katrina-Rita activities. The other vacated spot went to Kevan Bauer, brand new to the Immunization Program. Like Toni, Kevan had to start from scratch, with one hand on the Pink Book and a helpful co-worker always within close range. Carol Fletcher, a stronghold from the old guard, is the keeper of the calendars, dates, and other important pieces of information as well as being in charge of supplies and all things administrative. During the transitory time, Carol was able to find anything that was needed to help the learners and keep the work flowing in the right direction.

Two new nurses, Debbye Jarrell and Anita Gamble joined the team in June and October respectively. Having worked with the Immunization Program for years in the field offices, Debbye and Anita brought a wealth of public health nurse knowledge as they conduct site visits to county health departments and field offices. They help with clinics, work with school nurses, and provide education. A third nurse, Jan Edwards, is the Perinatal Hepatitis B (Hep B) Prevention Coordinator and does case management for families of Hep B-positive mothers. Jan has worked with the Immunization Program since 1998 and has had 23 years of clinic experience. She is one of only four persons in the state dedicated full time to perinatal Hep B prevention.

Tammie Little started in August. As inventory manager, she keeps the vaccine inventory 100% accounted for, and works diligently with the local health departments and field clinics to ensure they do the same. Tammie came from a different state agency, so had to learn from the ground up as well.

Throughout the transition, the day-to-day work continued to run smoothly, thanks to the dedication of the Human Service Technician and Public Health Technicians Conchita Mendez, Carol Moreland, Faye Radford, and Charlotte Lewis. The most recent addition is Alanda Williams who had previously worked with the Texas Vaccines for Children (VFC) program in the Nacogdoches clinic. Now all East Texas providers in the rural counties have helpful and knowledgeable staff to assist them and answer

Around Regions

continued

their questions. School Auditor Ron Harkins, another Immunization Program old-timer, stepped up to assist and fill in the gaps during the off-months from school and daycare visits. The team effort exhibited by the core staff proved invaluable during the turnover months.
Many of the "old ways" of doing things seem to work well. The Human Service Technicians are each assigned their own counties. Developing a close one-on-one relationship with each provider in their own particular counties, the technicians provide technical assistance and audit all reports and VFC orders as well as answer questions and train staff when needed. Michelle Grant verifies all their completed work for accuracy. Kevan assists with this when necessary and also works to find ways to help providers with community outreach, coalitions, and other special Immunization projects.

Despite some procedures remaining the same across the changing of the guard, others have been changed, streamlined, tweaked, or dropped altogether as the Immunization "rookies" learn how it all fits together. Formal and informal staff meetings are held regularly and projects are portioned out so that all staff communicate effectively and are able to assist each other when necessary. Feedback is encouraged and carefully considered as procedures are constantly refined and lessons are learned.

Maybe because of the spirit of adventure in the newly reorganized Tyler office, the Region was selected as the next possible candidate to rollout the Pharmacy Inventory Control System (PICS). Training has occurred in selected areas for trial run and problems and solutions are being documented as PICS becomes more widely used. Since everyone is learning something new, patience and tolerance come easy, creating a comfortable atmosphere for the "learning lab."

Many of the HSR 4/5 staff may be so new they don't know what awaits around the next corner, but thanks to the reliability and patience of the old-timers and the innovative suggestions offered

by the new-timers, all elements appear to be in place to form an effective team that may soon be leading the way to achieving all Immunization Program goals.

In picture:
Front row, seated: (left to right) Conchita Mendez, Charlotte Lewis, Carol Moreland
Middle row: Anita Gamble, Toni Wright, Jan Edwards, Tammie Little, Kevan Bauer
Back row: Michelle Grant, Carol Fletcher, Debbye Jarrell, Alanda Williams, Ron Harkins, and Faye Radford

Training Corner

CDC'S Satellite Broadcast on Epidemiology and Prevention of Vaccine-Preventable Diseases Starts February 9th

Description:	A comprehensive overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about vaccine-preventable diseases and the vaccines that prevent them.
Audience:	Immunization Providers (Physicians, Nurses, Nurse Practitioners, Pharmacists, Physician's Assistants, DoD Paraprofessionals, Medical Students, etc.)
Length:	14 hours. Presented in four, 3.5-hour, sessions on consecutive Thursdays
Broadcast:	February 9, 16, and 23, and March 2. All sessions will be broadcast from 12 (noon) ET to 3:30PM ET.
Contents:	**Session One**: principles of vaccination; general recommendations on immunization; and vaccine storage, handling, and administration **Session Two**: pertussis, pneumococcal disease (childhood), polio, and Hib **Session Three**: measles, rubella, varicella, and meningococcal disease **Session Four**: hepatitis B, hepatitis A, influenza, and pneumococcal disease (adult)
Location:	Highland Business Center (near the Highland Mall), 5930 Middle Fiskville Road, Austin, TX 78752-4341. For a map to satellite location – go to www.austincc.edu > campuses > Highland Business Center
Contact person:	Kathryn Johnson, Training Coordinator Kathryn.Johnson@dshs.state.tx.us (512) 458-7111, Ext. 6321

National Infant Immunization Week

National Infant Immunization Week (NIIW) 2006

By Markel Rojas, Public Information, Education, and Training Group

National Infant Immunization Week (NIIW), an annual national observance promoting the benefits of immunizations focusing on the importance of immunizing infants against 14 vaccine-preventable diseases by age two, will be observed from Saturday, April 22 to Saturday, April 29, 2006. The Immunization Branch, "kicking-off" a statewide program to promote immunizations, will also emphasize the 4th DTaP and the pertussis vaccines. The Office of Border Health, along with the *Pan American Health Organization,* will promote NIIW in the border regions in conjunction with *Vaccination Week in the Americas.* Health Service Regions (HSR) 8 (Uvalde), 9/10 (Midland/ Odessa), and 11 (Harlingen) will participate in these activities.

In support of the NIIW promotional activities at the regional and local levels, the "kick-off" activities at the state level for this promotion include a statewide proclamation, a newspaper release, and radio and television interview.

The Immunization Branch will provide a packet of materials with emphasis on the above:

- Guide: Preparing for NIIW 2006
- Schedule and Accelerated Schedules for 2006
- General media campaign kits and public service announcements
- Pertussis Fact Sheet
- Pertussis Incidence Data
- Is it just a cough? (Brochures in English and in Spanish)
- Is it just a cough? (Bilingual poster)
- Anyone Can Get Pertussis. (Poster)
- Anyone Can Get Pertussis. (Brochures in English and in Spanish)
- Lists of children in ImmTrac who do not have the 4th DTaP dose

CDC will provide additional information regarding NIIW via conference calls on February 14, March 14, April 11, and May 9 from 1:00 PM – 2:30PM. They will discuss NIIW and the materials available. If you wish to participate, please contact Mark Ritter (512-458-7111, ext. 6432, mark.ritter@dshs.state.tx.us) who will arrange for telephone line set-ups. Also, the CDC website has a wealth of information and pre-formatted and sample materials for your use in promoting NIIW. Examples of resolutions, news releases, etc., are available and can be easily adapted for local use. Our website, www.immunizetexas.com, also is an excellent resource.

National Infant Immunization Week *continued*

Laurie Henefey, Program Manager for HSR 8, reports that for, the 11th year, the Department of State Health Services and Schlitterbahn Waterparks will partner to promote the importance of immunizations during NIIW. To promote the importance of timely immunizations for all children, Schlitterbahn has offered discounts on park admission for children receiving vaccinations on schedule. Laurie points out that this summer, Galveston Island Waterpark will open another location to the Schlitterbahn Waterpark family.

Thank you in advance for providing information on your proposed activities in observance of NIIW. Also, photos, copies of newspaper articles, etc. of the implementation of the celebrations are requested. Those who wish to contribute this information to and for more information about the Texas promotion of NIIW, please contact Markel Rojas, (512) 458-7111, extension 6451.

Immunization News Briefs

Compiled by Susan Belisle, RN, DSHS Immunization Branch

American Academy of Pediatrics (AAP) Releases Policy Statement on Use of Tdap Vaccine in Adolescents

Immunization Action Coalition December 19, 2005. On December 12, AAP's Committee on Infectious Diseases released a policy statement, "Prevention of Pertussis Among Adolescents: Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) Vaccine." The abstract to the policy statement is reprinted below in its entirety.

The purpose of this statement is to provide the rationale and recommendations for adolescent use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines.
Despite universal immunization of children with multiple doses of pediatric diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine, pertussis remains endemic with a steady increase in the number of reported cases. Two peaks in the incidence of pertussis occur in pediatric patients: infants younger than 6 months of age who are inadequately protected by the current immunization schedule and adolescents 11 through 18 years of age whose vaccine-induced immunity has waned. Significant medical and public health resources are being consumed in postexposure management of adolescent cases, contacts, and outbreaks with little beneficial effect on individuals or the epidemiology of disease. Two Tdap products were licensed in 2005 for use in people 10 through 18 years of age (BOOSTRIX) and 11 through 64 years of age (ADACEL). The AAP recommends the following:

1. Adolescents 11 to 18 years should receive a single dose of Tdap instead of tetanus and diphtheria toxoids (Td) vaccine for booster immunization. The preferred age for Tdap immunization is 11 to 12 years.

2. Adolescents 11 to 18 years of age who have received Td but not Tdap are encouraged to receive a single dose of Tdap. An interval of at least 5 years between Td and Tdap is suggested to reduce the risk of local and systemic reactions; however, intervals less than 5 years can be used, particularly in settings of increased risk of acquiring pertussis, having complicated disease, or transmitting infection to vulnerable contacts. Data support acceptable safety with an interval as short as approximately 2 years.

3. Tdap and tetravalent meningococcal conjugate vaccine (MCV4 [Menactra]) should be administered during the same visit if both vaccines are indicated. If this is not feasible, MCV4 and Tdap can be administered using either sequence. When not administered simultaneously, the AAP suggests a minimum interval of 1 month between vaccines.

The rational for this strategy is to provide direct protection of immunized adolescents. With implementation of vaccine recommendations, indirect benefit also is likely to extend to unimmunized peers and other age groups. The strategy of universal Tdap immunization at 11 to 12 years of age is cost effective.

To access a ready-to-print (PDF) version of the complete policy statement, go to:
http://www.aap.org/advocacy/releases/Tdap121205.pdf

CDC Releases Revised Guidelines on Post-exposure Prophylaxis for Pertussis

Dec. 14, 2005 — The Centers for Disease Control and Prevention (CDC) revised the guidelines on the treatment of and postexposure prophylaxis for pertussis. The revised guidelines, which include recommendations on new macrolide antibiotics, appear in the December 9 issue of the *Morbidity and Mortality Weekly Report Recommendations and Reports*.
"Pertussis is an acute bacterial infection of the respiratory tract that is caused by *Bordetella pertussis*, a gram-negative bacterium," write Tejpratap Tiwari, MD, Trudy V. Murphy, MD, and John Moran, MD, from the CDC National Immunization Program. "*B. pertussis* is a uniquely human pathogen that is transmitted from an infected person to susceptible persons, primarily through aerosolized droplets of respiratory secretions or by direct contact with respiratory secretions from the infected person."

To broaden the spectrum of antimicrobial drugs that can be used for treatment and postexposure prophylaxis, the guidelines include updated information on macrolide agents other than erythromycin (azithromycin and clarithromycin) and their dosing schedule by age group.

Guidelines on Vaccine Storage and Handling

Centers for Disease Control (CDC), Dec. 28, 2005. Vaccination efforts have been successful in preventing and eradicating vaccine-preventable diseases in part because of proper vaccine storage and handling practices. Failure to adhere to recommended specifications for storage and handling can reduce vaccine potency, resulting in inadequate immune responses in the recipients and inadequate protection against disease. Vaccine quality is the shared responsibility of all parties; from the time vaccine is manufactured until it is administered. Storage and handling errors result in the loss of millions of dollars worth of vaccine each year in the United States. Vaccine failures caused by administration of reduced potency vaccine can affect a large number of patients, causing embarrassment, expense, and potential liability. Patient confidence in vaccines and in vaccine providers is diminished when repeat vaccinations are required to replace invalid doses administered with reduced-potency vaccines. Vaccine storage and handling mistakes are easily avoidable.
To access guidelines: http://www2a.cdc.gov/nip/isd/shtoolkit/content.html

A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States

Centers for Disease Control (CDC), Dec. 23, 2005. This report is the first of a two-part statement from the Advisory Committee on Immunization Practices (ACIP) that updates the strategy to eliminate hepatitis B virus (HBV) transmission in the United States. The report provides updated recommendations to improve prevention of perinatal and early childhood HBV transmission, including implementation of universal infant vaccination beginning at birth, and to increase vaccine coverage among previously unvaccinated children and adolescents. Strategies to enhance implementation of the recommendations include 1) establishing standing orders for administration of hepatitis B vaccination beginning at birth; 2) instituting delivery hospital policies and procedures and

case management programs to improve identification of and administration of immunoprophylaxis to infants born to mothers who are hepatitis B surface antigen (HBsAg) positive and to mothers with unknown HBsAg status at the time of delivery; and 3) implementing vaccination record reviews for all children aged 11—12 years and children and adolescents aged <19 years who were born in countries with intermediate and high levels of HBV endemicity, adopting hepatitis B vaccine requirements for school entry, and integrating hepatitis B vaccination services into settings that serve adolescents. The second part of the ACIP statement, which will include updated recommendations and strategies to increase hepatitis B vaccination of adults, will be published separately.
To access report: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e

Vaccine	Manufacturer	BLA submitted to the FDA	BLA age indications**	FDA licensure status	Status of AAP/CDC recommendations***
MCV4 (Menactra®)	sanofi pasteur	Dec-2003	11-55 years of age	Licensed 14-Jan-05	AAP: aappolicy.aappublications.org/cgi/content/full/pediatrics;116/2/496 CDC: www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm
		Supplement to original BLA March 2005	2-10 years of age	To be reviewed	Pending FDA licensure
Varicella virus second dose (Varivax®)	Merck	Supplement to original BLA: optional second dose	children 12 months to 12 years of age (3 month minimum interval)	Licensed 5-Apr-05	Recommended for outbreak control only Jun-05 ACIP: www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs.pdf
Tdap (BOOSTRIX®)	GlaxoSmithKline (GSK)	Jul-2004	10-18 years of age	Licensed 3-May-05	AAP: www.aap.org/advocacy/releases/Tdap121205.pdf ACIP: www.cdc.gov/nip/vaccine/tdap/default.htm
Tdap (ADACEL™)	sanofi pasteur	Aug-2004	11-64 years of age	Licensed 10-Jun-05	AAP: www.aap.org/advocacy/releases/Tdap121205.pdf ACIP Adolescent: www.cdc.gov/nip/vaccine/tdap/default.htm ACIP Adult: www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf
MMRV (ProQuad®)	Merck	Aug-2004	Same as for MMR dose 1 or dose 2; 12 months to 12 years	Licensed 6-Sep-05	Recommended Oct-2005; Recommendation to be posted
Hepatitis A (VAQTA®)	Merck	Supplement to original BLA	greater than or equal to 12 months	Licensed 15-Aug-05	ACIP: www.cdc.gov/nip/recs/provisional_recs/hepA_child.pdf
Hepatitis A (HAVRIX®)	GlaxoSmithKline (GSK)	Supplement to original BLA	greater than or equal to 12 months	Licensed 18-Oct-05	ACIP: www.cdc.gov/nip/recs/provisional_recs/hepA_child.pdf
Rotavirus (ROTATEQ®)	Merck	Apr-2005	2, 4, and 6 months of age	To be reviewed	Pending FDA licensure
Zoster vaccine (ZOSTAVAX™)	Merck	Apr-2005	older adults	To be reviewed	Pending FDA licensure
Influenza (FLUARIX™)	GlaxoSmithKline (GSK)	May-2005	18 years of age and older	Licensed 31-Aug-05	CDC: www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm
HPV (GARDASIL®)	Merck	Dec-2005	9-26 years of age (3 doses)	To be reviewed	Pending FDA licensure
HPV (Cervarix™)	GlaxoSmithKline (GSK)	TBD	Pending submission	Pending BLA submission	Pending FDA licensure
Hib/DTaP/IPV (PENTACEL™)	sanofi pasteur	Jul-2005	2, 4, 6, and 15 to 18 months	To be reviewed	Pending FDA licensure
CAIV-T	MedImmune	Possible submission first half 2006	6 months to 49 years	Pending BLA submission	Pending FDA licensure

Table updated 01/03/06. For the latest update link to http://aapredbook.aappublications.org/news/vaccstatus.shtml

BLA = biologics license application, VRBPAC = Vaccines and Related Biological Products Advisory Committee, FDA = Food and Drug Administration
AAP = American Academy of Pediatrics, ACIP = Advisory Committee on Immunization Practices, MCV4 = Meningococcal conjugate vaccine
MMRV = measles, mumps, rubella, varicella, Tdap = Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, adsorbed
HPV = human papillomavirus vaccine, Hib = Haemophilus influenzae b, DTaP = Diphtheria, Tetanus and Pertussis, IPV = Inactivated Poliovirus Vaccine,
CAIV-T = Cold adapted influenza vaccine-trivalent
* information from vaccine manufacturers, from ACIP meetings and from AAP
** age licensure can change following FDA review; not final until package insert approved
*** ACIP recommendations do not become official until approved by the CDC Director and Department of HHS and publication in MMWR

Comparison of 20th Century Annual Morbidity and Current Morbidity, Vaccine-Preventable Diseases, Texas

Disease	Highest Case Count During 20th Century	2004	Percent Decrease
Measles	88,000 (1958)	0	100%
Rubella	8,408 (1970)	1	100%
CRS	12 (1974)	0	100%
Mumps	32,939 (1950)	23	99.9%
Pertussis	21,588 (1947)	1184	94.5%
Diphtheria	1,544 (1946)	0	100%
Tetanus	55 (1954)	2	96.4%
Polio (paralytic)	2,778 (1950)	0	100%

Vaccine-Preventable Diseases in Texas 1999-2004

Disease	1999	2000	2001	2002	2003	2004
CRS	0	0	0	0	0	0
Hepatitis A	2,516	1,937	1,154	960	613	624
Hepatitis B	864	1,059	714	1,110	965	687
Hepatitis B, Perinatal	-	-	11	3	1	0
Hib 1	4	4	3	7	5	2
Measles	7	0	1	1	0	0
Mumps	35	27	14	15	18	23
Pertussis	152 (1)	327 (2)	615 (5)	1,240 (4)	670 (6)	1,184 (2)
Rubella	9	6	2	2	0	1
Tetanus	6 (3)	5 (1)	3 (1)	2 (1)	1	2
Varicella 2	7,473 (0)	7,003 (4)	5,741	6,047 (1)	5,465 (0)	8,544

1 Beginning in 1997, invasive Haemophilus influenzae type b infections were counted regardless of age. In 1996,all invasive infections in children 5 years of age and younger, due to any type of Haemophilus influenzae were counted. Prior to 1996, all invasive infections due to any type of Haemophilus influenzae were counted regardless of age.

2 Beginning in 2001, Perinatal Hepatitis B were counted in children less than 2 years of age.

continued

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